



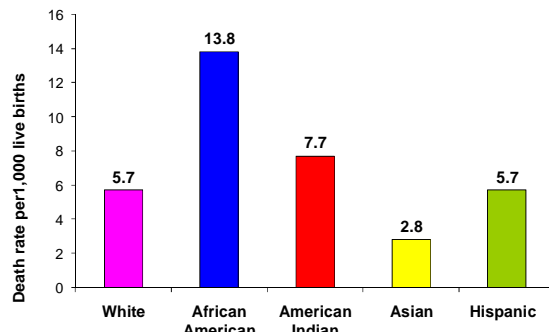
Minority Health Disparities in Nebraska Report Card— 2010

Maternal and Child Health

Infant Mortality

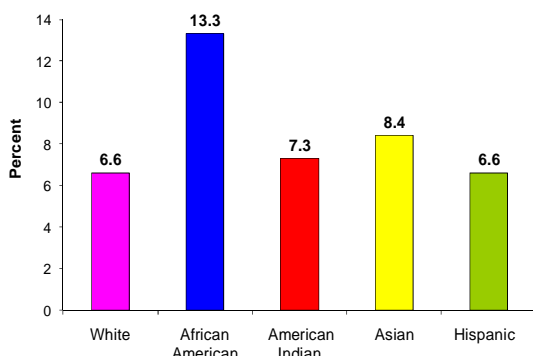
Often considered the benchmark for the existence of unmet health needs, maternal child health in Nebraska is first assessed by *infant mortality* rates. African Americans have the highest infant mortality rate. In the five-year period, 2006-2010, the infant mortality rate was 2.4 times higher for African Americans than for Whites.

Infant Mortality Rates in Nebraska by Race/Ethnicity, 2006-2010



Source: Nebraska DHHS Vital Statistics, 2006-2010
Note: Rate per 1,000 live births

Low Birth Weight* Rates by Race/Ethnicity, 2006-2010



Source: Nebraska DHHS Vital Statistics, 2006-2010
Note: * Weighing < 2,500 grams at birth.

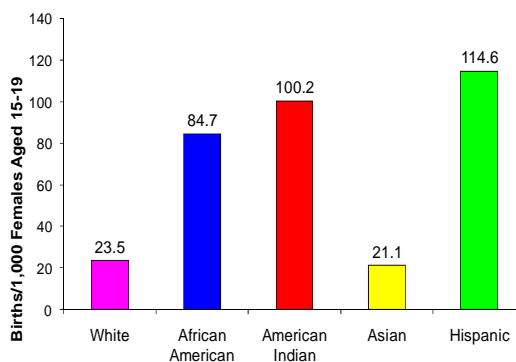
Low Birth Weight

A newborn is considered to be of low weight if he/she weighs less than 2,500 grams at birth. These babies experience higher rates of illness and death than other infants. In Nebraska, during 2006-2010, African American mothers had the highest percentage of low birth weight and were about 2 times higher than that of Whites.

Births to Teens

Teen births are detrimental to the well being of young mothers, fathers, and their babies. In Nebraska, the teen birth rates for Hispanics, American Indians and African Americans were all higher than the rate for the Whites. During 2006-2010, teen birth rates for Hispanic or Latinos and American Indian girls were 4.9 times and 4.3 times respectively, higher than that of White teens.

Teen Birth Rates by Race/Ethnicity, 2006-2010



source: Nebraska DHHS Vital Statistics, 2006-2010
Note: Rate is per 1,000 females between age 15 and 19.

Department of Health & Human Services



Office of
Health Disparities & Health Equity
www.dhhs.ne.gov/healthdisparities
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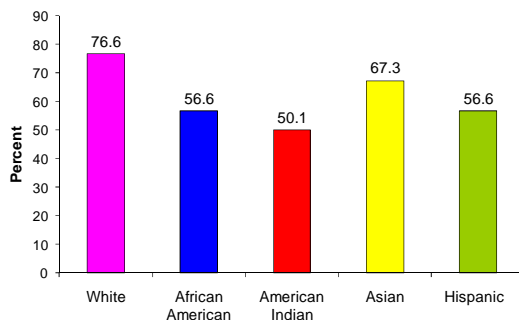
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Prenatal Care

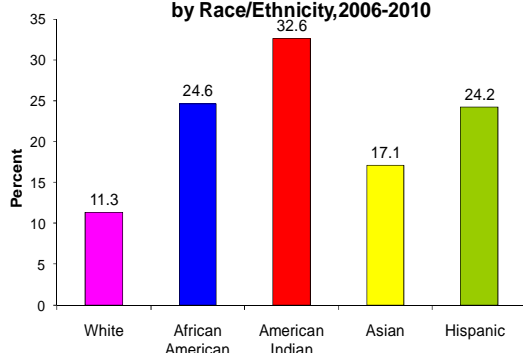
Mothers who initiated prenatal care after their first trimester of pregnancy, and those who received no prenatal care at all are considered at-risk. In 2006-2010, the percentage of mothers beginning prenatal care in the first trimester for American Indians was only 50 percent, compared to 77 percent of White mothers.

Percent of Mothers Receiving First Trimester Prenatal Care by Race/Ethnicity, 2006-2010



Source: Nebraska DHHS Vital Statistics, 2006-2010
Note: This figure is based on pregnant women who have a

Percent of Mothers Receiving Inadequate Prenatal Care (Kotelchuk Index) by Race/Ethnicity, 2006-2010



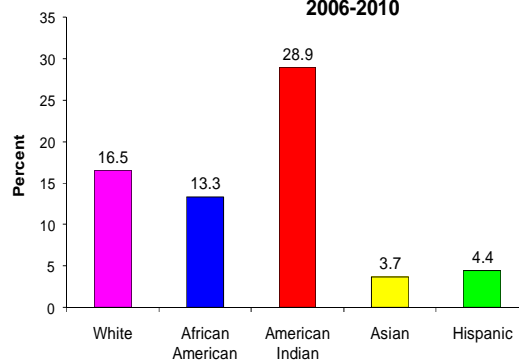
Source: Nebraska DHHS Vital Statistics, 2006-2010
Note: This figure is based on pregnant women who have a live birth.

The *Kotelchuk Index* is a measure of adequacy or inadequacy of prenatal care by using a combination of factors — number of prenatal visits; gestation; and when trimester prenatal care began. Based on the Kotelchuk Index for 2006-2010, among American Indians, nearly one third received inadequate prenatal care, as did 24.2 percent of Hispanic, and 24.6 percent of African American mothers.

Smoking During Pregnancy

Poor pregnancy outcomes are often linked to maternal smoking. In 2006-2010, only 3.7 percent and 4.4 percent of Asian and Hispanic or Latino mothers reported smoking during pregnancy. The highest smoking rates were recorded for American Indian women during pregnancy. These mothers were nearly twice as likely as White mothers to smoke during pregnancy.

Nebraska women reporting smoking while pregnant by Race/Ethnicity, 2006-2010



Source: Nebraska DHHS Vital Statistics, 2006-2010



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